

Alaska WIC BFPC Policies
Sample WIC Breastfeeding Peer Counselor Contract

This agreement made between _____
(name and address of sponsoring agency)

and _____ witness that:
(name of WIC peer counselor)

Services

The contractor will serve as a breastfeeding peer counselor to clients of the _____ WIC program for the period of _____ to _____ unless this contract is cancelled.

Compensation

The peer counselor agrees to perform services as stated in the job description. The peer counselor will be paid at the rate of \$_____ per hour, including travel time, for a maximum of _____ hours per month. In addition, reimbursements shall be made at the rate of \$_____ per mile according to the guidelines for mileage reimbursement set forth by the grant agreement or by State policy. Time sheets for payment will be turned in to the WIC supervisor, and payment will be on a contractual basis.

The peer counselor agrees to identify and hold harmless _____
(sponsoring agency name)
from and against any claim or liability arising from negligent act or omission of the peer counselor. Should the peer counselor fail to perform satisfactorily, _____
(sponsoring agency name)
may terminate this agreement within _____ days notice to the peer counselor.

It is further agreed by both parties hereto that in performing under this agreement, the peer counselor is an independent contractor and that nothing herein shall be construed as establishing an employer/employee relationship. The peer counselor agrees to treat all information acquired on the job as confidential in nature.

Approved by & Date

Approved by & Date

WIC Coordinator

Breastfeeding Peer Counselor